<mark>अंक्रिकेट कर्या कर्यार्थित स्थान है। अक्ष</mark> ण स्थान स्थान है। यह स्थान स्यान स्थान स्यान स्थान स	SEE BACK OF FORM		FORM	
DISCLO	SURE SUMMARY PAGI	E	DR-2	DISCLOS 98) REP
	•		For Office (Si Only
laylor C	st be same as on Statement of Organi curty Democratic U	zation) 2010 Jomen	JAN 28 Comm. *	
The second of the second of the second	of committee you are reporting for:		Audited	
(1)Statewide/Legislative Can	didate (2)Statewide PAC (3)State Party (4	4)County/Local Candidate antral Committee	Computer _	:
(o /oupport State of Carididate	1.7.			
SIGNATURE OF TREASI	IRER (or person filing this report)	7/2-585-330		n 14,20
	ACER (or person ming this report)	TELEPHONE	- ··· DA	TE SIGNED
Rot	utine Penalties Due For Late I	Filed Reports Range	from \$20 to \$80	0
SEE INSTRUCTIONS C	N BACK AND COMPLETE THE I	FOLLOWING SENTENC	<u>CE:</u>	
I AM FILING A	a wary 19 2010	DEDODT EOD ANIA (4) FI	FOTION //SYLON =	Ė ABIA
	(report date)		LECTION /(2)NON-El	LECTION YEA
□CHECK IF AMENDMEN	T TO REPORT DATED		Local Committees, e	nter Date of Elec
		·		
Check if this is final (ter	mination) report and attach Notice of [Dissolution Form DR-3.	County & Local Com	mittees, enter C
(You must continu	ue to file reports until a Notice of Disso	olution is filed.)	which Election is hek	1
same as the cash	eginning of the reporting period. (This by the committee. This amount MUS) on hand at the end of the last reporting this is first report filed.)	T be the		746.3
	NEY TAKEN IN THIS PERIOD	······································	\$ <u></u>	7-14.5
	h Contributions total (Attach Schedule			5 43.6
Schedule H: Total	ns Received total (Attach Schedule F)	Schodule U	······································	·
	al Sales of Campaign Property (Attach ile H applies to Candidates' Commit			
1000000	TO THE PRINCE TO GRANDING TOWN IN		TAI -	
SUBTRACT TOT	AL MONEY SPENT THIS PERIOD	208-10	TAL\$	1289,
	enditures total (Attach Schedule B)			4380
				44 TA .X //
	n Repayments total (Attach Schedule		·····	
CASH ON HAND at the er				
be zero) (Attach [nd of this reporting period (if final repor DR-3)	π, balance must	\$	
be zero) (Attach [JR-3)			1246
UNPAID BILLS (From Sch	nedule D - Attach Schedule D)		\$	1246
UNPAID BILLS (From Sch	nedule D - Attach Schedule D)S (From Schedule E - Attach Schedule	e E)	\$ \$	1246
UNPAID BILLS (From Sch IN KIND CONTRIBUTION OUTSTANDING LOANS (DR-3)	e E)	\$ \$	1246
UNPAID BILLS (From Sch IN KIND CONTRIBUTION OUTSTANDING LOANS (CANDIDATE COMMITTEE	nedule D - Attach Schedule D)	e E)	\$ \$	1246
DE ZEIO) (ATTACH I UNPAID BILLS (From Sch IN KIND CONTRIBUTION OUTSTANDING LOANS (CANDIDATE COMMITTEE CONSULTANT BREAKDO	DR-3)	e E)	\$ \$	1246

For	Instructions.	See	Back of Form	
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CONTRIBUTIONS - MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME	E (Must be same as on Statement of Organization)	
	= (Must be same as on Statement of Organization)	
Taylor	County Democratic Women	
	- Thorne ic women	

SCHEDULE A (Rev. 06/97)	MONETARY RECEIPTS
CHE AME	CK THIS BOX IF YDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 688.32A(6), lowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (If applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	- AMOUNT RECEIVED	V IF FOR FUND- PAISER
7-31-09		Cauteen Receipts.		\$ 174.70	INCOME
1-28-09		Sandwich Sales	-	112:00	
10-24-0	ID#	Sandwech Sular		89.00	
12-30 09	CK#	Cantien Gales		167.90	
	CK#				
	CK#				
	CK#				
	CK#	`			
	CK#				
}	CK#				·

SUB-TOTAL \$ 543.65
TOTAL (if last page of this

schedule)

Disclosure 'aw requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage) (See Page 2 of forms packet.). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page (for Schedule A)

B EXPENDITURES - MONEY SPENT FROM COMMITTEE ACCOUNT MONETARY (Rev. 09/97) **EXPENDITURES** STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE CHECK THIS BOX IF PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA AMENDING FORM ETHICS & CAMPAIGN DISCLOSURE BOARD. COMMITTEE NAME (Must be same as on Statement of Organization) Taylor County Domocratic Women CANDIDATE NAME AND ADDRESS TO WHOM PURPOSE AMOUNT ID NUMBER DATE EXPENDITURE (DESCRIBE TRANSACTION) EXPENDED EXPENDED (H applicable) (Disbursement) WAS MADE (MM/DD/YR) AND PAC CHECK NUMBER ID# Hybre Accts Recueble 5830 Westtown Pkwy West Des Momas 1A 50266-8290 Canteau expenses 8-20-09 17.30 CK# Hy Ver out & Recewalth 5820 West town Pkwg ID# West DesMoure, 1A 5026 6-8290 Counteen Expusses 111-20-09 24.50 CK# ID# CK# ID# CK# ID# CK# ID# CK# ID# CK# ID# CK# SUB-TOTAL

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

TON INSTRUCTIONS, SEE BACK OF FORM

Durchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lows Code 56.6(3)(i).)

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Page	- 1	of	Į –	

TOTAL (if last page of this schedule)

SCHEDULE

43.80